

Parent Checklist for Completing Enrollment

All forms must be completed and returned to the program staff.

Your child may not attend the program until forms are approved by the Site Supervisor. You will receive a phone call to inform you of the start date for your child.



Check when each is completed

- Agreement Form/ Daily Attendance
- Registration Form
- Sign Out Information Form
- Grade/ Behavioral Consent Form
- Emergency Closing Form
- MAT Forms (OCFS-LDSS-7006, OCFS-LDSS-7002)
- 4-H Enrollment Form
- Blue Card (Medical/Emergency Contact)
- Payment _____

Agreement Form

Parent Agreement:

I have read and agree to the terms and conditions of this handbook. I have made my child aware of the guidelines for the Dansville After School Programs and they have verbally agreed to these guidelines. I am aware of times and locations for picking up my child as well as rules, regulations, and policies concerning my child's participation in The Dansville After-School Programs.

(Parent /Guardian Signature)

(Date)

Daily Attendance

Student Name: _____

Days your child will be attending:

M_____ T_____ W_____ TH_____ F_____

Grow & Learn and **Blitz** will allow children to walk to the front of the building with a phone call from the person picking them up. Do you give permission for your child to sign themselves out and walk to the front of the building?

Yes_____ No_____

*** This option not available for Discovery students**

Registration Form

Child's Name: _____

Address: _____

City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade: _____ Teacher: _____

Mothers Name: _____ Legal Guardian? Yes / No

Mothers Phone: Day _____ Evening _____ Cell _____

Email: _____

Do you work during After-school program hours? Yes / No

Fathers Name: _____ Legal Guardian? Yes / No

Fathers Phone: Day _____ Evening _____ Cell _____

Email: _____

Do you work during After-school program hours? Yes / No

Other Guardian (Includes Step-mother/father): _____

Relationship _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Do you work during After-school program hours? Yes / No

Please explain any family situations we need to know about: (i.e. Separation/divorce and any custody issues or proceedings. Court documentation may be required. This information will only be shared with staff members for student pick-up/release information.)

SIGN OUT INFORMATION FORM

Student Name: _____

Safety is top priority in The Dansville After-school Programs, therefore no child enrolled in the program will be released from the program without a parent/guardian signature or that of one of the individuals listed below. Parents, please include your info in the first sections. All information must be completed for each individual listed.

(Note: the names that appear below must be of someone 16 years or older.)

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

	YES	NO
My child is allowed to walk home from the after-school program on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please answer the next question:		
My child cannot leave the afterschool program before _____ p.m..		
If time left blank, they may leave at any time.		
_____		_____
Parent/Guardian Signature		Date

*** The walk home option is not available for Discovery students**

Grade and Behavioral Report Consent

We use this form to access the student's grades and behavior information. We need this information to demonstrate that we are having an impact on the participating students. This greatly helps us in securing future funds to continue the program. Please fill out both sections.

All information obtained will remain confidential.

Statement of Consent

(Program copy)

I, _____ hereby give my consent to
(Parent / Guardian)

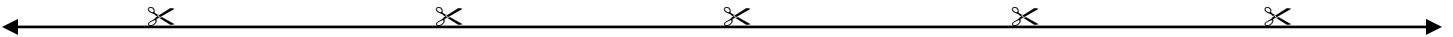
Dansville Central School District and The Dansville After-school Programs (Cornell Cooperative Ext.)

for the exchange of all educational, medical, psychological and other diagnostic information relating to:

(Name of student)

(Signature of parent/guardian)

(Date)



Statement of Consent

(School copy)

I, _____ hereby give my consent to
(Parent / Guardian)

Dansville Central School District and The Dansville After-school Programs (Cornell Cooperative Ext.)

for the exchange of all educational, medical, psychological and other diagnostic information relating to:

(Name of student)

(Signature of parent/guardian)

(Date)

Emergency Closing Form

This form will tell the Dansville After School Programs, the School's main office and your child's teacher where your child will go on **Half Days, Emergency Closing and No After-School Activities**. Please fill this out and return it to the Site Supervisor.

Student Name: _____ Grade: _____

Parent Name: _____ Phone: _____

Address: _____

Teachers Name: _____

****If unable to reach parent****

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Half Days -my child will: _____

Emergency Closing -my child will: _____

After-School Activities Canceled (if school notifies us **before 12:30pm**) -my child will:

***Please note if after school activities are canceled AFTER 12:30 pm, ALL after school students will be sent to the after school site/cafeteria where you will have to pick your child up *immediately* following school dismissal. If you want your child to ride the bus home when activities are canceled after 12:30 pm you will have to call the main office and make arrangements.**

I have discussed this plan with my child and they should know what to do and where to go in case of emergency.

Parent Signature

Date